

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/601474	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8	②/1						58			
9	/						59			
10	①/1						60			
11	/						61			
12	1④/						62			
13	②/1						63			
14							64			
15							65			
16							66			
17							67			
18							68			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	7						TOTAL IND.			
TOTAL DEP.	6	↔	↔	↔			TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	13						TOTAL CLAIMS			

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